FOR COLLEGE USI	E ONLY Date Received:	Stu	dent Number:		CollegeLondon
PLEASE FILL IN TH	E FORM IN BLOCK CAPITALS USING A	A BALL POINT PEN.			30
1. PERSONA	L DETAILS				
Mr Ms	Miss Mrs First name		Surn	ame	
Your date of birth	/ /	Υοι	ır age on 31 Aug 21		
Your home addres	SS				
Town				Postco	ode
Email		Mobile		Home	phone
If you are aged un	nder 19 years, please give the contact	details of your parer	t or guardian.		
Mr Ms	Miss Mrs First name		Surn	ame	
Parent/guardian's	address (if different from yours)				
Town				Postc	ode
Email		Mobile		Home	phone
_	URSE s box if you are not sure which course you wish to study?	is right for you and v	would like an advice a	and guidance interview	I.
1					
If you have a seco	ond choice, please write it here.				
	ond choice, please write it here. k/career are you interested in?				
What type of wor				nue on another page if ubject/module	you need to.)  Grade / Expected Grade
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<b>4. EXTRA SUPPORT FOR YOU</b> Do you have a physical, mental health or sensory impalf <b>Yes</b> , what kind of disability do you have?	airment? Yes No					
Do you have a learning difficulty?  If <b>Yes</b> , what kind of learning difficulty do you have?	Yes No					
Do you need support on your course?  If Yes, someone will contact you to discuss your need  If you require support or adjustments for your inte	Yes No Is.  erview, please contact our Admissions Team on 020 8326 2000.					
5. YOUR PERSONAL STATEMENT						
	If you would like to add more information to support your application, please use the box below. You may wish to tell us about your interests, career ambitions, family responsibilities, work experience or other relevant information.					
6. HOW DID YOU HEAR ABOUT US?	)					
Please tick one box only.	¬					
Bus / bus stop advert	Radio advert					
Careers advisor / school	School or other event Social media					
Email / post from West Thames College Friend / family / word of mouth	TV advert					
Google / web search	UCAS					
Leaflet through door	Other – please state:					
Prospectus						
7. DECLARATION	me to become a student at West There are Called a and declare that the Committee					
I understand that by submitting this form I am applying I have provided is correct. I am happy to receive furth	ng to become a student at West Thames College and declare that the information er information about the college and its courses.					

Before you submit this form, please check it through to make sure you have completed it correctly. The information you provide on this form will be treated in confidence and only used in accordance with the relevant data protection legislation. We will never pass on your personal details to any third party for marketing purposes.

Date

Your signature